

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shiridaw Ph</i>		<i>Calvert</i> County		MARYLAND	
Date of death	Month	Day	Years	Months	Days
<i>1909</i>	<i>aug</i>	<i>8</i>	<i>28</i>	—	—
Sex	Color or Race		Birthplace		
<i>male</i>	<i>white</i>		<i>St Marys Co</i>		
Occupation	Where Residing if not at place of death				
<i>clerk</i>	<i>Balto. Md</i>				
Married Single	Name of Wife or Husband				
<i>Single</i>	—				
Father's Name	Father's Birthplace				
<i>Geo W Corns</i>	<i>St Marys Co</i>				
Mother's Maiden Name	Mother's Birthplace				
<i>Elizabeth Corns</i>	—				
Name of person giving information	How related to deceased				
<i>J F Lusby</i>	—				

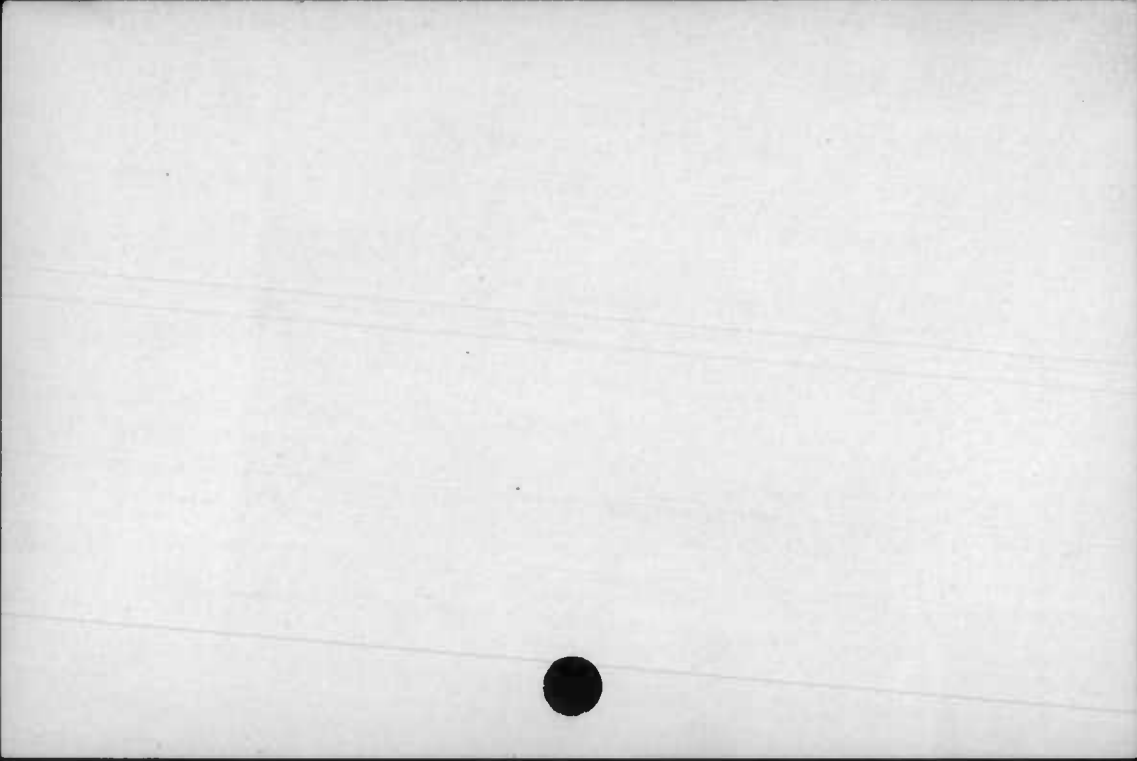
CAUSES OF DEATH

172

x

PHYSICIAN
OR CORONER

Primary	<i>Accidental drowning</i>	How long	—
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<i>J F Lusby</i>
		Address	<i>Sub Regt Bowman's Guard</i>
Accident or Suicide?			



Name
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Full

Dr Howard Eastman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shiridale Ph</i>		County <i>Harwisk</i>		MARYLAND	
Date of death	1909	Month	Aug	Day	8
Age	38	Years		Months	
Sex	male	Color or Race	white	Birth-place	Baltimore
Occupation	Dentist		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Married	Name of Wife or Husband		<i>Minnie Miller</i>		
Father's Name	<i>L M Eastman</i>			Father's Birthplace	unknown
Mother's Maiden Name	<i>Mary A</i>			Mother's Birthplace	"
Name of person giving information	<i>L M Eastman Jr</i>			How related to deceased	Brother

CAUSES OF DEATH

Primary *Accidental Drowning*

How long

How long

Immediate

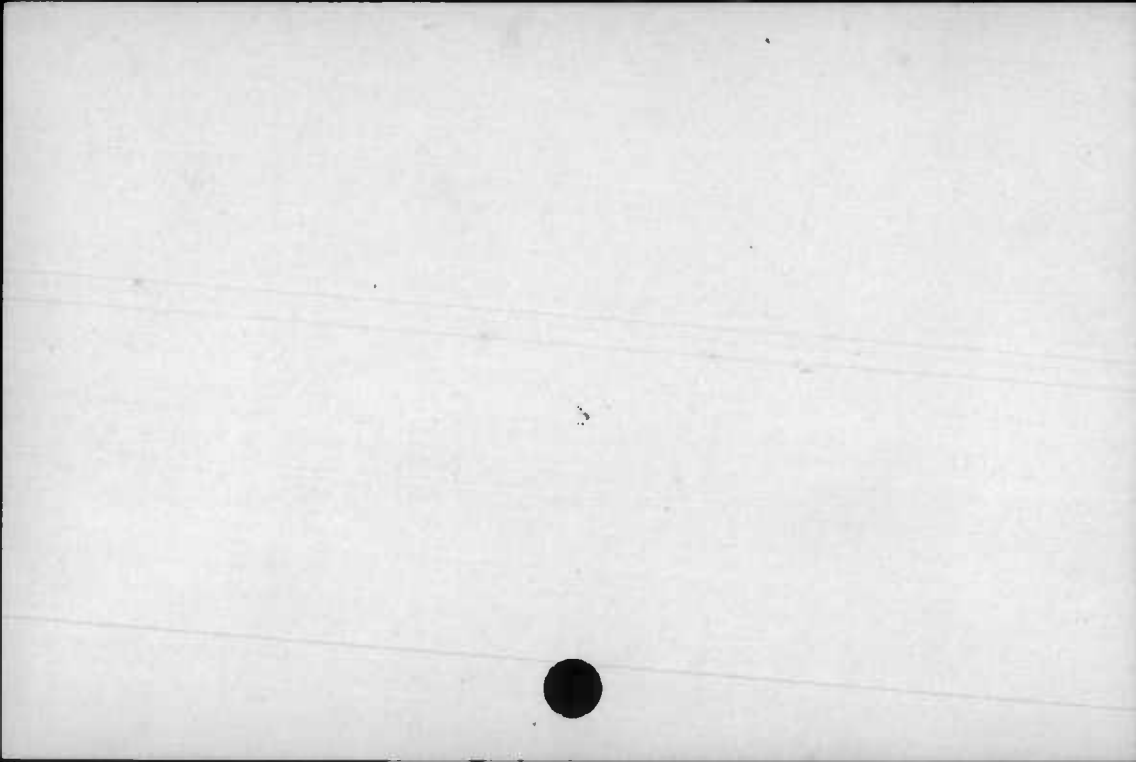
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

John Garland

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Huntingtown Calvert County MARYLAND

Date of death 1909 Aug 13 Month Aug Day 13 Age 6 mo Years Months Days

Sex Male Color or Race Black Birth-place Cal. Co.

Occupation None Where Residing if not at place of death

Married, Single
or WidowedName of Wife or
HusbandFather's
Name

Julius Garland

Father's
Birthplace

Cal. Co.

Mother's
Maiden Name

Gussie Lerato

Mother's
Birthplace

" "

Name of person giving
Information

George Hicks

How related
to deceased

Uncle

CAUSES OF DEATH

Primary

Died 6 hrs after birth

How long

151

X

Immediate

4 hours

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

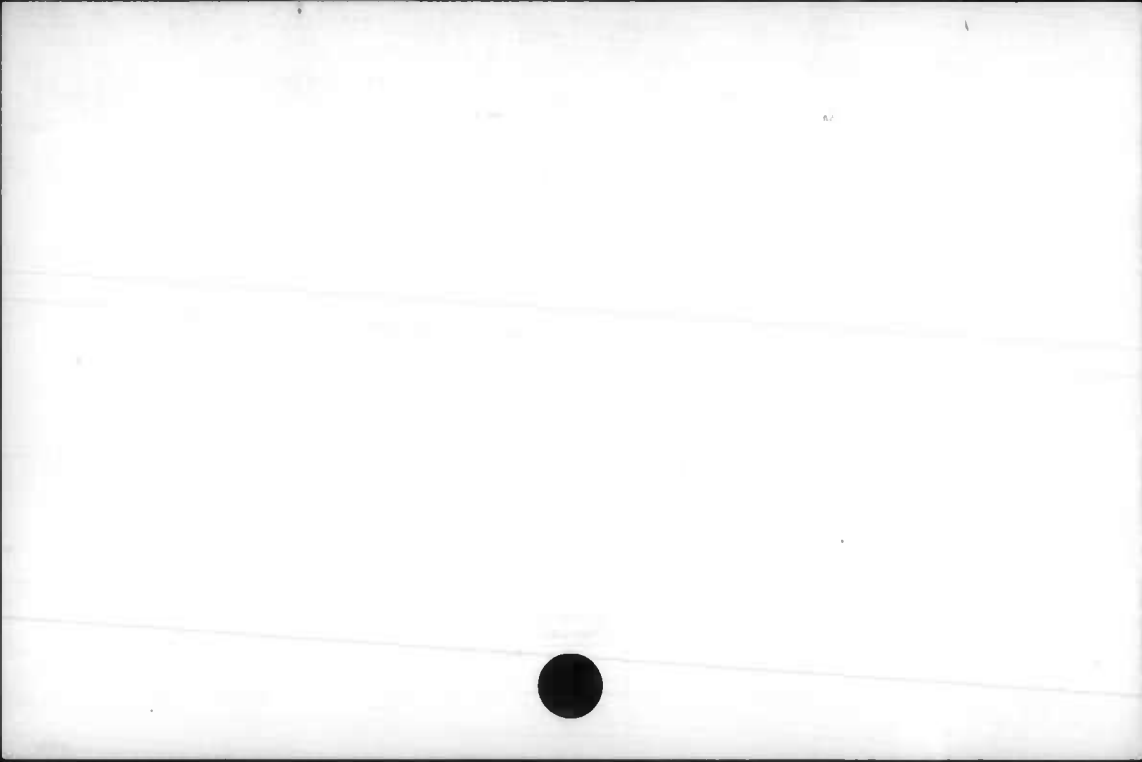
Signature of
Physician

Address

J. W. Litch
Huntingtown

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Myrtle Greenon</i>		Town <i>Wallville</i>		County <i>Calvert</i>		State <i>MARYLAND</i>	
Died at		Date of death <i>1909 Aug 19</i>		Age <i>1</i>		Months <i>11</i> Days <i>10</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Lynchexton Md.</i>		<i>Caroline County</i>	
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name <i>Paul H. Greenon</i>				Father's Birthplace <i>Clinton Ark.</i>			
Mother's Maiden Name <i>Annie P. Blankenship</i>				Mother's Birthplace <i>Monticello Ark.</i>			
Name of person giving information <i>Paul H. Greenon</i>				How related to deceased <i>Father</i>			

CAUSES OF DEATH

119 X

PHYSICIAN
OR CORONER

Primary <i>Acute nephritis</i>	How long <i>Two weeks</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>George Peterson</i>
	Address <i>St. Leonards, Md.</i>
Accident or Suicide?	

12/3



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

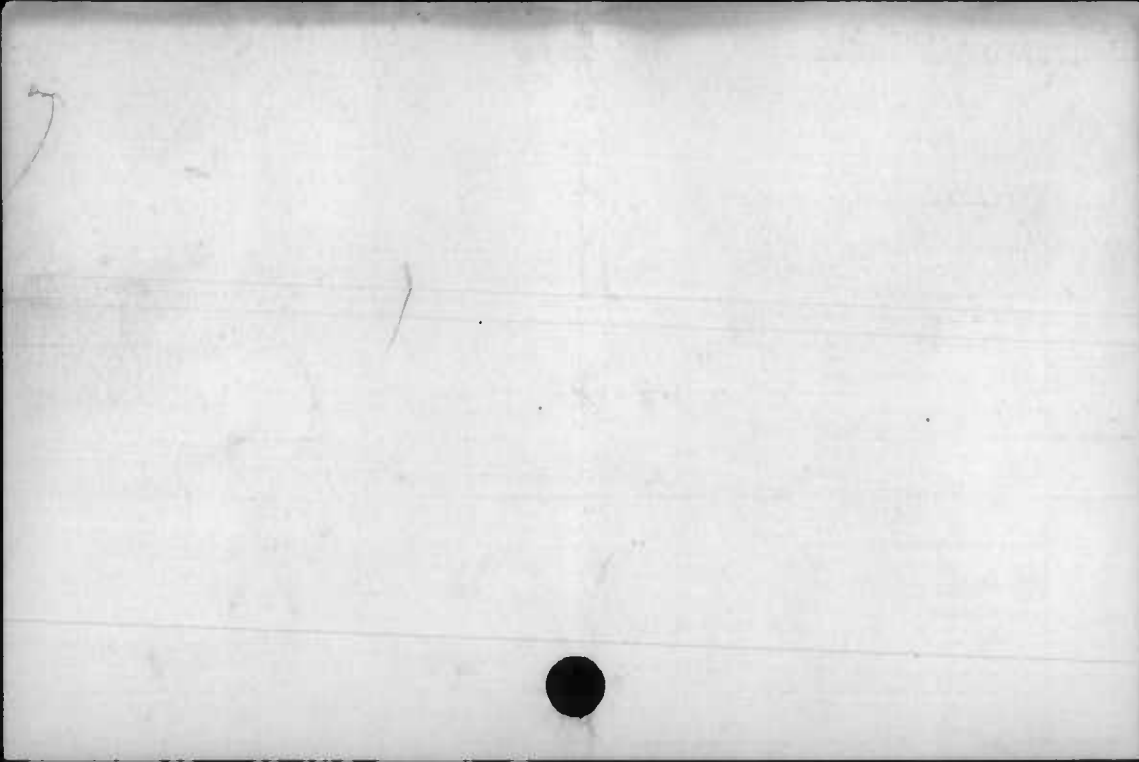
Died at <i>mt</i> ^{Town} <i>Harmony</i>		^{County} <i>Calvert</i>		MARYLAND	
Date of death	<i>1908</i>	Month	<i>Aug</i>	Day	<i>6</i>
Age		<i>40</i>	Years	Months	Days
Sex	<i>male</i>	Color or Race	<i>Colored</i>	Birth-place	<i>Calvert Co</i>
Occupation	<i>Laborer</i>		Where Residing if not at place of death		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband <i>Mary Hall</i>		
Father's Name	<i>Frank Hall</i>			Father's Birthplace	<i>Calvert Co.</i>
Mother's Maiden Name	<i>Sarah Thomas</i>			Mother's Birthplace	<i>Calvert Co</i>
Name of person giving information	<i>Hooper Hall</i>			How related to deceased	<i>Brother</i>

CAUSES OF DEATH

(1)

PHYSICIAN
OR CORONER

Primary	<i>Typhoid Fever</i>	How long	<i>Four weeks</i>
Immediate	<i>Intestinal Hemorrhage</i>	How long	<i>One hour</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>L. Brayshaw</i>
		Address	<i>Friendship Md</i>
Accident or Suicide?			



Name
in
Full

The Name of Child of John Gray

CERTIFICATE OF DEATH

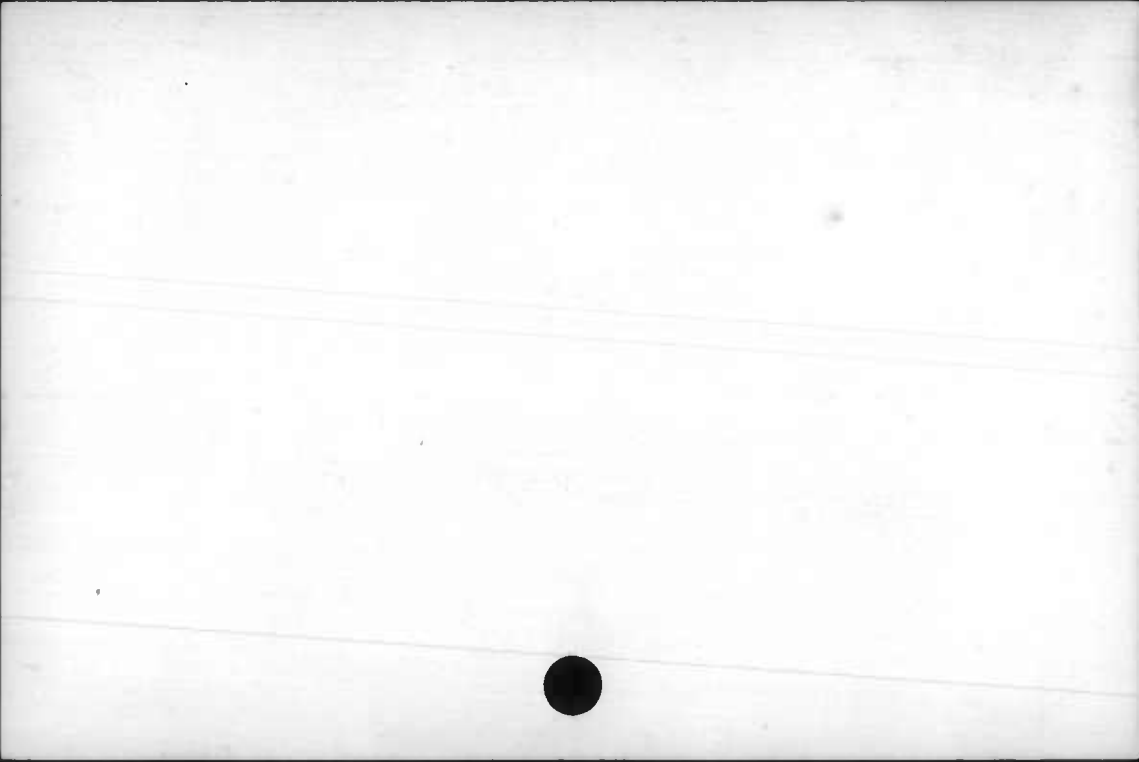
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Burlington</u> ^{Town}		<u>Calvert</u> ^{County}		MARYLAND	
Date of death	190 <u>9</u> ^{Month}	<u>Aug</u> ^{Day}	<u>6</u> ^{Years}	Age	<u> </u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>Colored</u>	Birth-place	<u>Calvert</u>
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving Information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Unknown</u>	How long	<u>8</u> <u>X</u>
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician		
	Address		
Accident or Suicide			



Name
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CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Deisy Hardman
 Died at Baltimore Town Calvert County
 Date of death 1909 Month Aug Day 19 Age 8 Years Months Days
 Sex Female Color or Race White Birthplace Calvert
 Occupation _____ Where Residing if not at place of death _____

Married, Single
 or Widowed

Name of Wife or
 Husband

Father's
 Name

Father's
 Birthplace

Mother's
 Maiden Name

Mother's
 Birthplace

Name of person giving
 Information

How related
 to deceased

CAUSES OF DEATH

179

X

Primary

How long

Immediate

How long

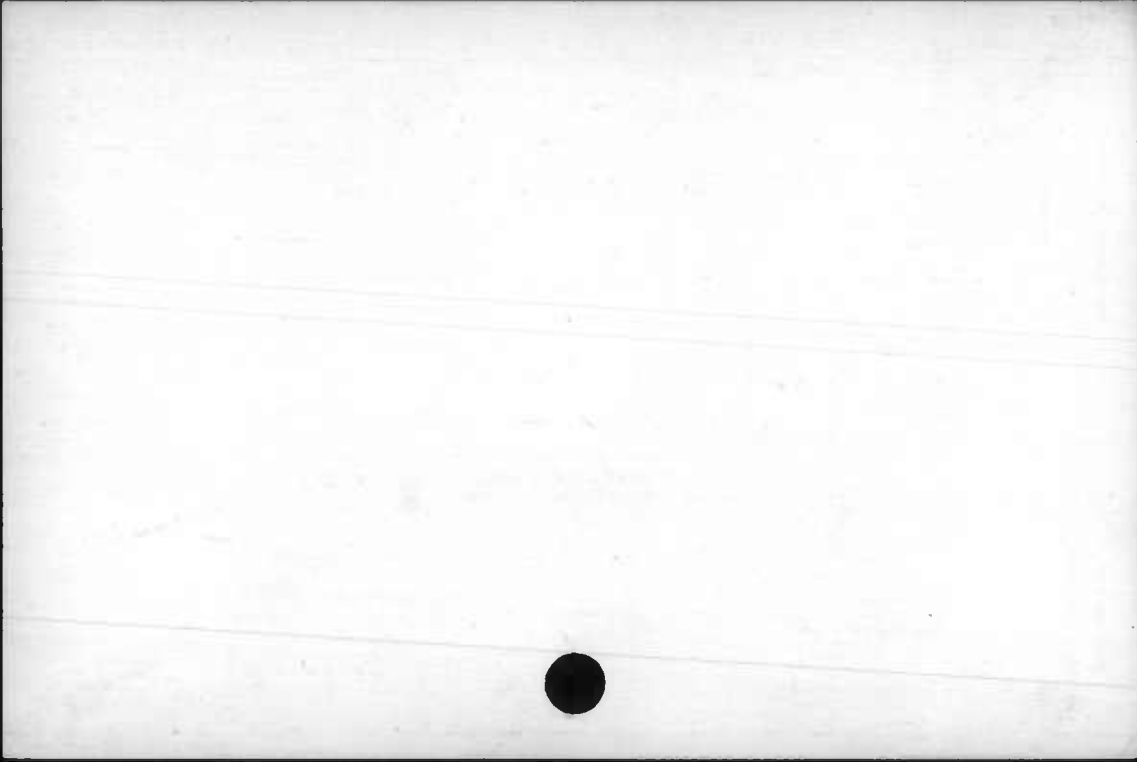
Are the name, age, sex, color, date
 and place correctly given above?

Signature of
 Physician

Address

PHYSICIAN
 OR CORONER

Accident or Suicide



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William G King
Town County
Chesapeake Beach Calvert

MARYLAND

Died at
Date of death 1909 Aug 9 Age Months 2 Days

Sex Male Color or Race White Birth-place Chesapeake Beach
Occupation

Where Residing if not
at place of death

Married, Single or Widowed Single Nema of Wife or Husband

Father's Name William G King

Father's Birthplace Md

Mother's Maiden Name Mary M Brinkley

Mother's Birthplace Md

Name of person giving Information William G King

How related to deceased Father

CAUSES OF DEATH

71 X

Primary Convulsions

How long 12 Hours

Immediate Coma

How long 2 Hours

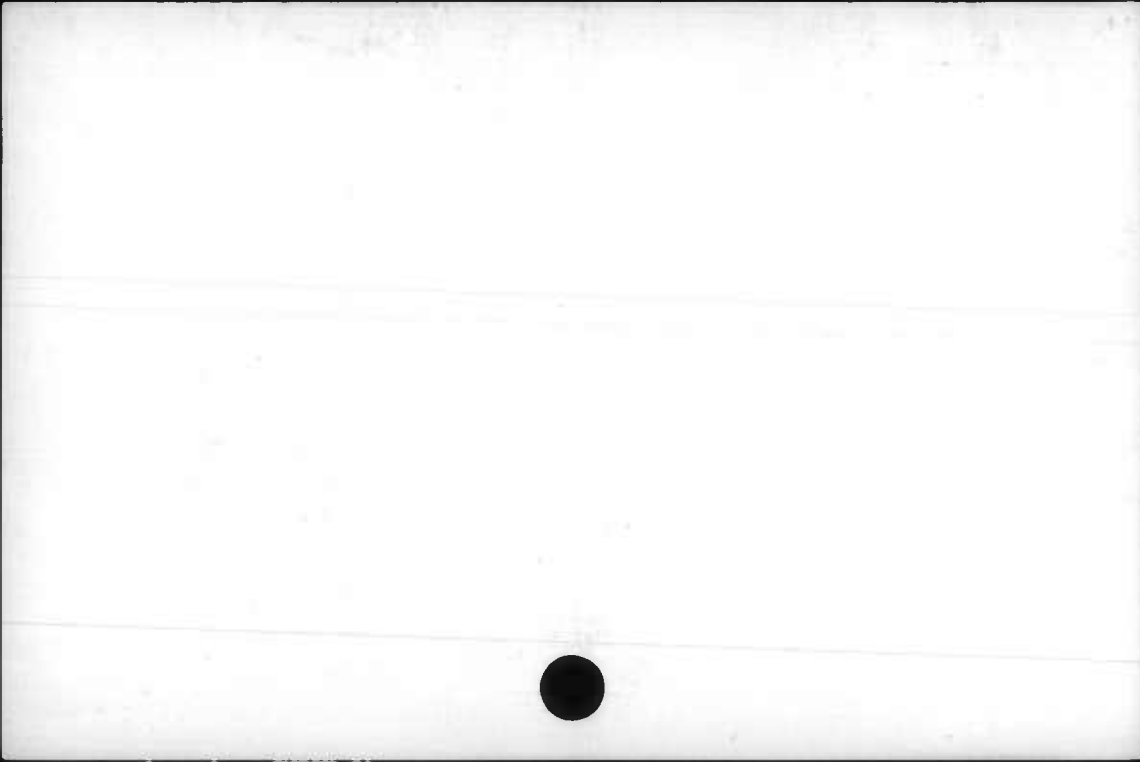
Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician J. L. Brayshaw

Address Friendship Md

Accident or Suicida

PHYSICIAN
OR CORONER



Name
in
Full

Still born child William Henry

21
CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Greenland ^{Town} Camden ^{County} **MARYLAND**

Date of death 1909 Aug ^{Month} 31 ^{Day} Age ^{Years} ^{Months} ^{Days}

Sex Male Color or Race Caucasian Birth place Camden

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Wm Henry Father's Birthplace Camden

Mother's Maiden Name Mary Wallace Mother's Birthplace Camden

Name of person giving Information Mary Henry How related to deceased Mother

CAUSES OF DEATH

Primary Asphyxia Still born How long
Immediate How long

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Shel Bourn Chat. Mamm Rice -

CERTIFICATE OF DEATH

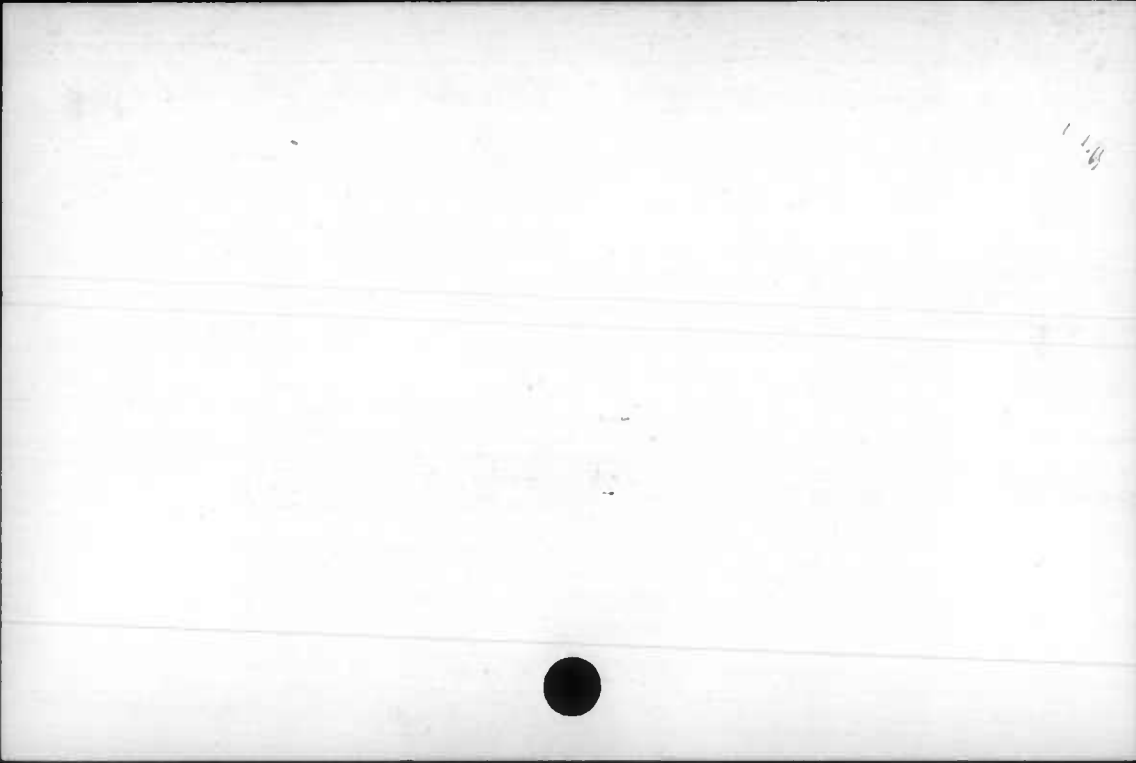
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Middle</u> Town		<u>Calvert</u> County		MARYLAND	
Date of death	1909	Month	Aug	Day	17
Sex	male	Color or Race	Colomb	Age	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name	<u>Jno Rice</u>		Father's Birthplace	<u>Calvert</u>	
Mother's Maiden Name	<u>Mammie Barnes</u>		Mother's Birthplace	<u>Calvert</u>	
Name of person giving Information	<u>Jno Barnes</u>		How related to deceased	<u>Grand Father</u>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Middle</u>	How long	<u>8</u> X
Immediate	<u>Shut down</u>	How long	<u>-</u>
Are the name, age, sex, color, data and place correctly given above?	<u>yes</u>	Signature of Physician	<u>R. B. Brown</u>
		Address	<u>Middle</u>
Accident or Suicide	<u>no</u>		



Name
in
Full

Frank R Shultz -

CERTIFICATE OF DEATH

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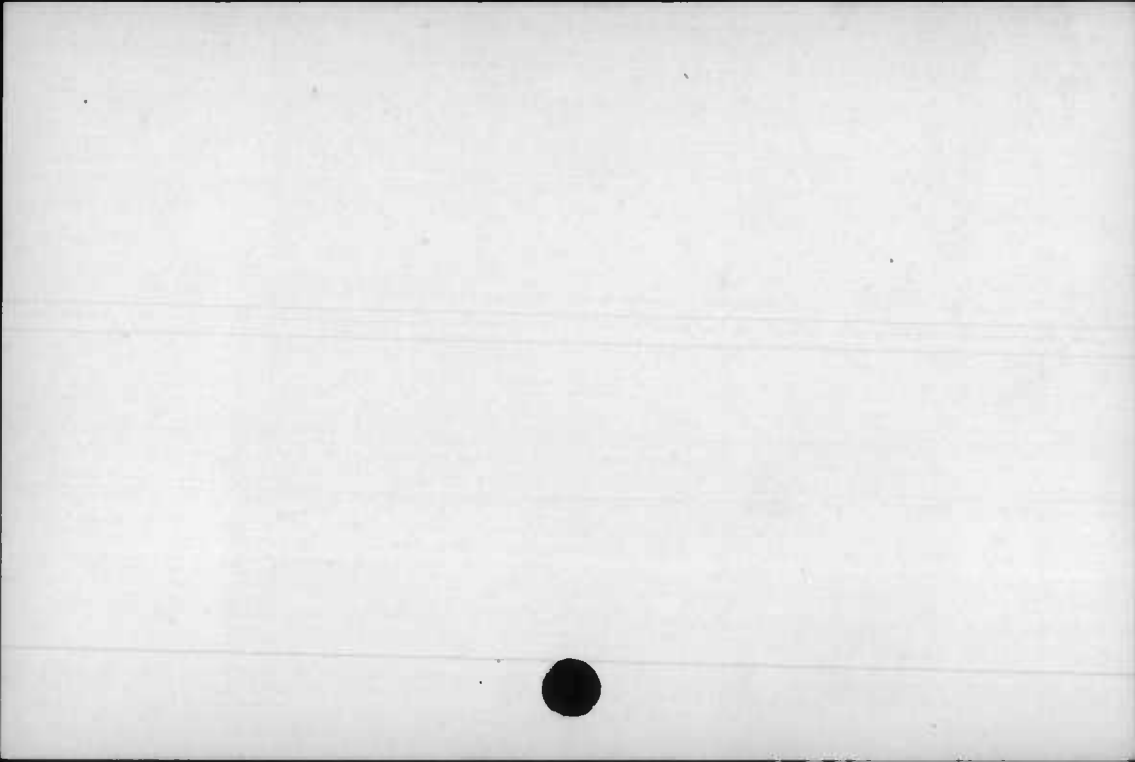
Died at <i>Shuridans Ph</i>		County <i>Calvert</i>		MARYLAND	
Date of death <i>1909 Aug</i>	Month <i>8</i>	Day <i>8</i>	Years <i>23</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>unknown</i>		
Occupation <i>Laborer</i>			Where Residing if not at place of death <i>Baltimore</i>		
Married Single or Widowed <i>Single</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>Edward Shultz</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>—</i>		
Name of person giving information <i>J F Lushy</i>			How related to deceased <i>—</i>		

CAUSES OF DEATH

172 X

PHYSICIAN
OR CORONER

Primary	<i>Accidental drowning</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. F. Lushy</i>
		Address <i>Sub Reg. Bureau</i>
Accident or Suicide?		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Stallings

Town

County

Died at Plum Point Calvert

MARYLAND

Date
of death

Month

Day

Years

Months

Days

1907 Aug.

13

Age 3

Sex

Female

Color or
Race

White

Birth-
place

Cal. Co.

Occupation

None

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Charles Stallings

Father's
Birthplace

Cal. Co.

Mother's
Maiden Name

Edith Forrester

Mother's
Birthplace

" "

Name of person giving
Information

Dorsey Stallings

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Whooping Cough

How long

8 3 months

Immediate

Exhaustion

How long

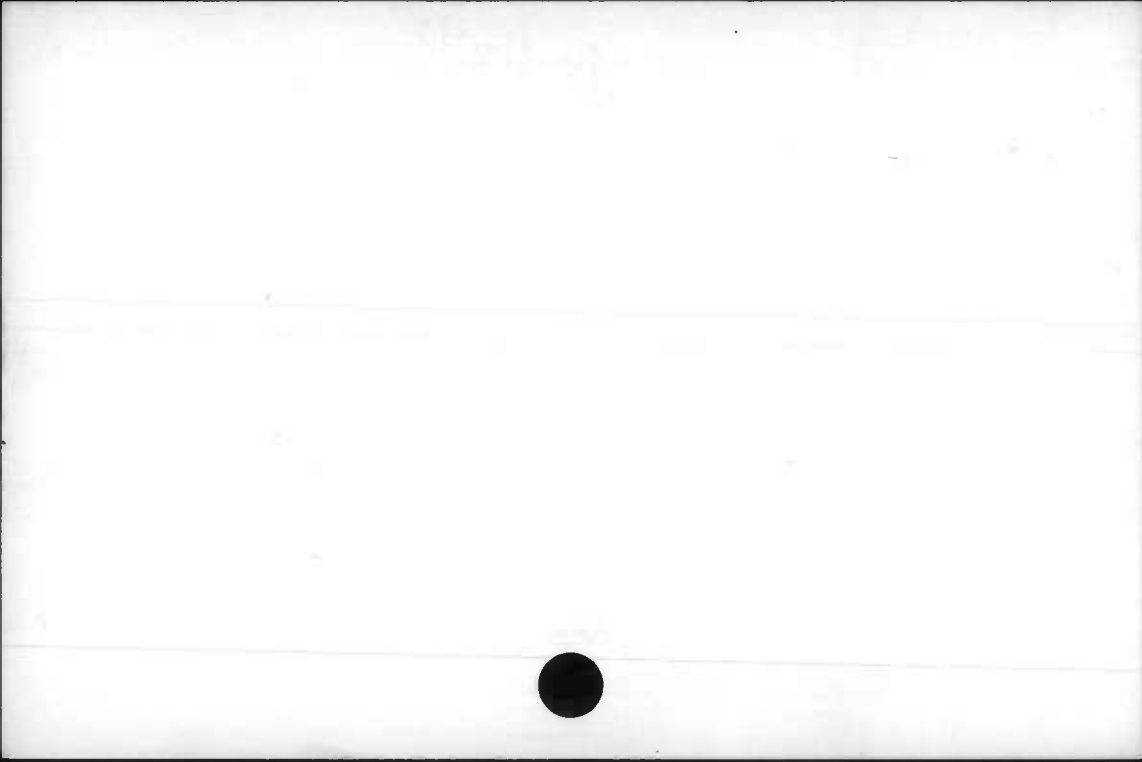
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. W. Feitch
Huntingtown,
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
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CERTIFICATE OF DEATH

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NEAREST FRIEND

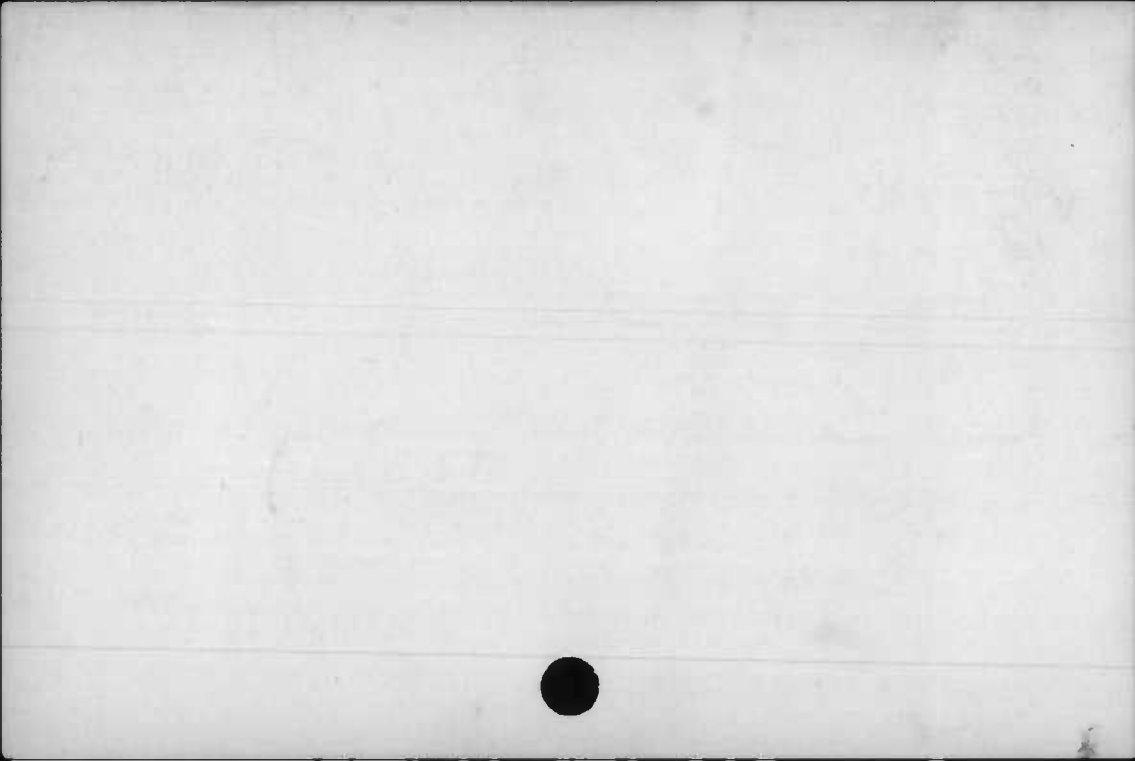
Died at		Town Wallville		County Calvert		MARYLAND		
Date of death	1909	Month Aug.	Day 12	Age 3	Years 3	Months 3	Days 28	
Sex	Male		Color or Race	Colored		Birth- place	Wallville Md	
Occupation			Where Residing if not at place of death					
Married, Single or Widowed			Name of Wife or Husband					
Father's Name			John David Thomas			Father's Birthplace		Mutual, Md
Mother's Maiden Name			Terrie Lewis			Mother's Birthplace		Wallville, Md
Name of person giving In formation			John David Thomas			How related to deceased		Father

CAUSES OF DEATH

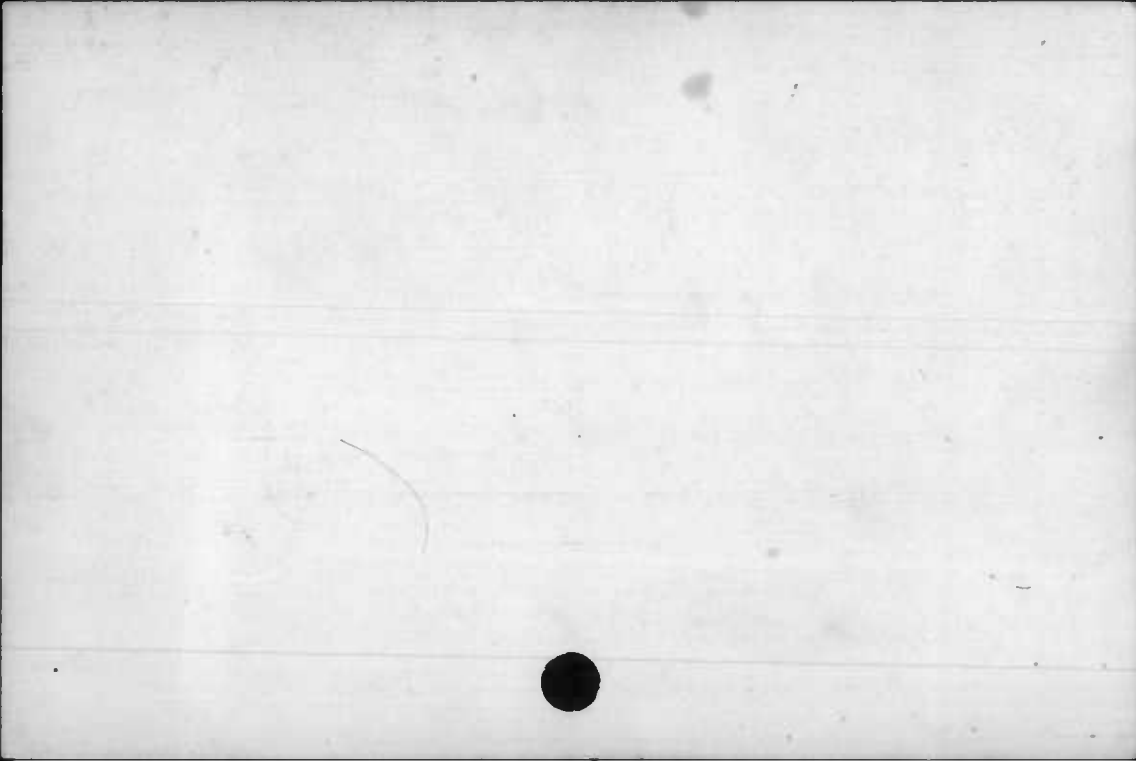
28

PHYSICIAN
OR CORONER

Primary	(Tubercular) Meningitis	How long	6 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		George Peterson	
Address		St. Leonards, Md	
Accident or Suicide?			



Name in Full		Certificate of Death			
Evelyn Virginia Webster		MARYLAND			
Died at		Town		County	
Solomons		Calvert			
Date of death		Month	Day	Age	Months
1909 August		8	8	—	4 1/2
Sex		Color or Race		Birth-place	
Female		White		Solomons	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Infant					
Father's Name		Father's Birthplace			
James D. Webster		Delaware, Md			
Mother's Maiden Name		Mother's Birthplace			
Janie Virginia Abbott		Solomons, Md			
Name of person giving information		How related to deceased			
James D. Webster		Father			
CAUSES OF DEATH					
Primary		How long		105	
Enteritis		3 hrs		X	
Immediate		How long		2 days	
Convulsions		2 days			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		Address	
Yes		W. H. Marsh, M.D.		Solomons Md	
Accident or Suicide?					



Name in Full <i>Mary Elizabeth Lancaster Heems</i>		CERTIFICATE OF DEATH			
Died at <i>Borston</i> ^{Town}		<i>Calvert</i> ^{County}		MARYLAND	
Date of death <i>1909</i> ^{Month} <i>Aug</i> ^{Day} <i>30</i> ^{Years} <i>Age</i> ^{Months} <i>3</i> ^{Days}					
Sex <i>Female</i> ^{Color or Race} <i>White</i> ^{Birth-place} <i>Borston</i>					
Occupation <i>—</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband			
Father's Name <i>Thomas J Heems</i>		Father's Birthplace <i>Cal. Co.</i>			
Mother's Maiden Name <i>Elsie Lancaster Jones</i>		Mother's Birthplace			
Name of person giving information <i>Mr J Heems</i>		How related to deceased <i>Sister</i>			
CAUSES OF DEATH					
Primary <i>Discolitis</i>		How long <i>105</i> <i>2 minutes</i>			
Immediate <i>Exhaustion</i>		How long			
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>J. Esleptaddy</i>			
		Address <i>Parran 2nd</i>			
Accident or Suicide?					

